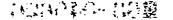
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Registration District No. DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY VS 300 b. COUNTY admission) AMENDED MISSOURI MARION MARTON Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN TOWN YEARS HANNIBAL Yes D. No [] HANNTRAL c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR ADDRESS Yes 🕞 No 🗆 INSTITUTION Yes 🔲 No 🕎 LINDELL AVE OAKTOOD NURSING HOME 3. NAME OF DECEASED Middle First Last 4. DATE Month Day Year (Type or print) OCTOBER 24 1963 JAMES FRANKLIN CARUTHERS DEATH 0 9. AGE (last birthday) 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HR 5. SEX 7. Married [] Never Married [Months Widowed **▼** Divorced □ **OCTOBER 10.1869** WHITE MALE 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S.A. PIKE COUNTY. MO RAIL ROAD LABOR 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME 13a. FATHER'S NAME Ö LILLIAN CARUTHERS MARY ANN DAVIDSON JOHN HENRY 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) [(If yes, give war or dates of sem 18. CAUSE OF DEATH (Enter only one cause per lin DOCUMENT ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RECORD IMMEDIATE CAUSE (a) 9 INSTEAD Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased female WAS there a pregnancy in last 90 days. disease condition given in PART I (a) ☐ Yes ☐ No ☐ Unknown AMENDMENT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SUICIDE HOMICIDE 19. WAS AUTOPSY 20a. ACCIDENT PERFORMED? YES | NO | 20c. TIME OF Month, Day, Year Hour RIBBON INJURY a.m. p.m. USE BLACK INK STATE COUNT 20f, CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) WHILE AT WORK NOT WHILE AT WORK | TYPEWRITER SHOULD READ _and last saw her him alive on_ 21. I attended the deceased from 9 50 Pam on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred 22c. DATE SIGNED 22b. ADD8 22a. SIGNAPORE (Degree or title) b **AFFIDAVIT** 23d. LOCATION (City, town, or county) 23a. BORIAL, CREMATION, Š RALLS COUNTY. OCTOBER 26,1943 ARIEL CEMETERY 26. REGISTRAR'S SIGNATURE DATE RECD. BY LOCAL REG. TEM

(Licensed Embalmer's Statement on Reverse Side)



0648

STATEMENT BY LICENSED EMBALMER

or by		, Student Embalmer No
	er my personal supervision.	for the
tudent	Signature of Student Embalmer	Signed Latte L. I I was a
		Licensed Embalmer No. 3014

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

2 Cernix cause

1925/13